GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Health, Medical & Family Welfare Department- Prevention and Management of COVID-19 -Containing and Controlling infection in Peri-urban, Rural & Tribal areas -Certain Instructions -Orders –issued.

HEALTH MEDICAL & FAMILY WELFARE (B2) DEPARTMENT

G.O.RT.No. 244 **Dated: 19-05-2021.**

Read:

SOPs on COVID-19, issued by Ministry of Health & Family Welfare, GOI, dt.16.05.2021.

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ORDER:

COVID-19 outbreak in Andhra Pradesh is continuing both in Urban as well as rural areas of the state. The rural spread during the second wave is very prominent. In view of this there is a need to enable rural and semi urban communities, create better awareness levels among people, strengthen primary level healthcare infrastructure at all levels to intensify COVID-19 response in rural areas, while continuing to provide other essential health services.

Tracing, Testing, treating along with Vaccinating citizens is very critical at this stage. Early identification, isolating and triaging of person identified with COVID like symptoms at village level is very essential to contain and control infection to prevent further spread in community in rural areas. To achieve this the surveillance, screening, Isolation, and referral systems have to be further strengthened in rural areas.

Surveillance, screening, isolation and referral:

1. In every village, active surveillance should be done for fever, influenza-like illness/ severe acute respiratory infections (ILI/SARI) periodically by ASHA with help of Village Health Sanitation & Nutrition Committee (VHSNC) and Village Volunteers.
2. Every sub-centre should run a fever, ILI/SARI OPD every day for at least an hour the timings of which shall be tom-tomed in the habitations.
3. ASHAs of the respective village along with village volunteer shall conduct house to house visit, to enquire health status of every citizen to identify any person exhibiting COVID like symptoms and to immediately isolate them.

Suspected cases management:

4. All such isolated persons shall be provided a home isolation kit by ANM within 24 hours and should be tested.
5. The suspected person shall be tested with Rapid Antigen Kit or RTPCR swab taken by Doctor.
6. ANMs should also be trained in performing Rapid Antigen Testing where it is expedient to do so.
7. These suspected persons should be counselled to isolate themselves till test results are available.

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Positive cases management:

8. All persons tested positive shall be counselled not to panic and should be adequately informed on various precautionary steps to be taken to prevent family members from getting infected.
9. The health condition of positive cases shall be monitored daily by ANM.
10. ASHA shall arrange teleconsultation with Medical Officer (MO) for home isolation cases with co-morbidities.
11. All persons in the home isolation shall have tele-consultation through 104 service. Similarly, all persons who are suspects shall also be counselled through 104 service.
12. Persons with severe symptoms/low oxygen saturation should be sent to higher centres by Medical officer after tying up with the hospitals/Covid care centres.
13. Rapid Antigen Test (RAT) kits should be made available at all public health facilities including Sub-centres (SCs)/ Health and Wellness Centres (HWCs) and Primary Health Centres (PHCs).
14. All the primary and secondary contacts of positive persons have to be identified, traced, isolated and tested if symptomatic.

Home and community-based isolation:

1. Nearly 80-85% COVID-19 cases are asymptomatic/ mildly symptomatic. These patients do not require hospitalization and may be managed at home or in Covid care facilities at the village level itself.
2. Monitoring of oxygen saturation is important for COVID patients by ASHA/ANM duly taking adequate precautions.
3. ASHA shall monitor oxygen saturation of such patients every day during house visits and to notify to ANM any decline in oxygen saturation below 94%.
4. Temperature of such people shall also be monitored.
5. The pulse oximeters and thermometers should be sanitized after each use with cotton/cloth soaked in alcohol-based sanitizer.
6. Immediate medical attention should be sought by ASHA/Volunteer if serious signs or symptoms develop. These could include-
    - Difficulty in breathing,
    - Dip in oxygen saturation (SpO2 < 94% on room air),
    - Persistent pain/pressure in the chest,
    - Mental confusion or inability to arouse.
7. If SpO2 goes below 94%, the patient should be referred to a facility with an oxygen bed (Covid hospital or CCC) depending on the SpO2 level).
8. Patients under home isolation will stand discharged and end isolation after at least 10 days have passed from onset of symptoms. There is no need for testing after the home isolation period is over. They shall maintain home quarantine for another 14 days but need not be under any treatment protocol.

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Health facilities at community level:

9. Health facilities like mini Covid care centres can be established at village level if required for those who cannot maintain home isolation and there is a risk of transmission to other family members. Services at these centres shall be given by ANM and supported by ASHAs and the village secretariat staff. Few Oxygen concentrators can be acquired by the village committee for persons lodged in these mini CCCs. All essential drugs shall be available, and the medical officer shall periodically visit these mini CCCs and in case of any serious complications, patients shall be shifted to the covid hospitals. One vehicle can be hired by each village secretariat for the purpose of ferrying such persons to the hospitals. Further same vehicle can be used for ferrying positive persons to PHC for triaging.

10. The PHC shall be the hub for triaging activity for positive persons as well for taking RTPCR swabs and all suspected cases shall be tested, and all positive cases shall be triaged by the Medical officer.

3. For day-to-day monitoring of COVID situation in the village and to ensure all the above instructions are carried out, village level committee named Village Covid Management Committee is constituted for this purpose with

(i) Sarpanch-Chairman
(ii) ANM-Member Convener
(iii) ASHAs-Member
(iv) Representative from VHSNC-Member
(v) Village Volunteers-Members
(vi) Ward Members of PRIs -Member

4. The Committee shall closely monitor all positive cases under home isolation, suspected cases, conduct sanitation drives in the village and to ensure the citizens follow COVID appropriate behaviour while coming out of their houses. Massive IEC activities shall be taken up by the Village Committee to inculcate covid appropriate behaviour. Hoardings and posters and mike announcements shall be made.

5. The concerned Departments shall give instructions to their staff to ensure that the above guidelines are followed by the field staff without any deviation.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

ADITYA NATH DAS,
CHIEF SECRETARY TO GOVERNMENT

To
The Spl. Chief Secretaries / Principal Secretaries /
Secretaries of concerned Departments.
All the District Collectors in the State.
The DGP, A.P., Mangalgiri.
The Police Commissioner of Vijayawada & Visakhapatnam.
All the Superintendents of Police in the State.
All the Municipal Commissioners in the State.

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All the HoDs under the control of HM&FW Department.
All the DM&HOs in the State.

Copy to:

All the Special Chief Secretaries/Principal Secretaries/Secretaries to Government.
PS to Addl. C.S. to CM.
OSD to Dy. CM (H, FW&ME).
PS to Spl.CS to Government, HM&FW Department.
PS to Prl. Secretary (Poll).
PS to Commissioner, I&PR.
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//FORWARDED : : BY ORDER//

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